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PTO/SB/21 (09-04)  
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Total Number of Pages in This Submission

3

|                        |                |
|------------------------|----------------|
| Application Number     | 10/803,282     |
| Filing Date            | 18 March 2004  |
| First Named Inventor   | Scott A. Wojan |
| Art Unit               |                |
| Examiner Name          |                |
| Attorney Docket Number | JUVE-P01       |

## ENCLOSURES (Check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition  | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application                          | <input type="checkbox"/> Proprietary Information  |
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| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer   | <input type="checkbox"/> Other Enclosure(s) (please identify below):                    |
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| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application    |  |   |
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## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                   |          |        |
|--------------|-------------------|----------|--------|
| Firm Name    | Schox, PLC        |          |        |
| Signature    |                   |          |        |
| Printed name | Jeffrey Schox     |          |        |
| Date         | 29 September 2005 | Reg. No. | 42,445 |

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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| Signature             |               |      |                   |
| Typed or printed name | Jeffrey Schox | Date | 29 September 2005 |

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|                        |                |
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| First Named Inventor   | Scott A. Wojan |
| Art Unit               |                |
| Examiner Name          |                |
| Attorney Docket Number | JUVE-P01       |

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 49142

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

| SIGNATURE of Applicant or Assignee of Record |                |           |              |
|--|----------------|-----------|--------------|
| Signature                                    |                |           |              |
| Name   | Scott A. Wojan |           |              |
| Date   | 18 Sept. 2005  | Telephone | 248 722-0505 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

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| Attorney Docket Number | JUVE-P01       |

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49142

☐ Please change the correspondence address for the above-identified application to:☒ The address associated with  
Customer Number:

49142

**OR**☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Laurie E. Wojan

Date

18 Sept. 2005

Telephone

248-722-0511

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

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